

Local Health Care Authorities and Public Hospitals



Functional Analysis & Record Disposition Authority

**Revision
Approved by the
Local Government
Records Commission
October 28, 2020**

Table of Contents

Functional and Organizational Analysis of Local Health Care Authorities and Public Hospitals.....	3
Sources of Information	3
Historical Context	3
Agency Organization	4
Agency Function and Subfunctions	4
Records Appraisal for Local Health Care Authorities and Public Hospitals	7
Temporary Records.....	7
Permanent Records	7
Permanent Records List	12
Local Health Care Authorities and Public Hospitals Records Disposition Authority	13
Explanation of Records Requirements.....	13
Records Disposition Requirements.....	14
Making Policy and Establishing Procedures.....	14
Providing Direct Health Care Services	15
Providing Diagnostic and Laboratory Services	19
Dispensing Medications.....	21
Providing Food and Nutritional Services.....	21
Educating the Public	22
Administering Internal Operations: Managing the Agency	22
Administering Internal Operations: Managing Finances	24
Administering Internal Operations: Managing Human Resources	27
Administering Internal Operations: Managing Properties, Facilities, and Resources	32
Requirement and Recommendations for Implementing the Records Disposition Authority (RDA)	35
Index of Records Series	37

Functional and Organizational Analysis of Local Health Care Authorities and Public Hospitals

Sources of Information

- Representatives of Local Health Care Authorities and Public Hospitals
- Alabama Association of Health Information Management, *Legal Requirements for Alabama Health Records* (2001)
- Alabama Administrative Code, Chapters 420-3-6 and 420-5-7
- Alabama Department of the Examiners of Public Accounts
- Code of Alabama 1975 § 11-25-1 through 11-95-21; § 22-21-1 through 22-21-112; § 22-21-310 through 22-21-359
- Code of Federal Regulations, 21 C.F.R., 42 C.F.R.
- Florida Department of State, Bureau of Archives and Records Management, *General Records Schedule GS4 for Public Hospitals, Health Care Facilities, and Medical Providers*
- North Carolina Department of Cultural Resources, Division of Archives and History, *Records Retention and Disposition Schedule – County Hospitals*
- Oregon State Archives, *General Schedules – Hospital Records*
- Owen, Thomas, *History of Alabama*, “Hospitals,” Volume I, 1921

Historical Context

The territorial government of Alabama passed its first laws concerning health and sanitation in 1807, but it was not until 1852 that the legislature gave counties authority over hospital services. In 1903, the courts of county commissioners in counties with more than 35,000 residents were given authority to appropriate funds for the indigent ill or wounded within the limits of the county. Counties also set up almshouses, where ill or wounded indigents were treated by the county physician. Municipalities had the authority to “aid, establish, set up, and regulate” facilities such as hospitals, almshouses, workhouses, houses of correction, and “pest houses” and to require those ill with contagious diseases to be treated in appropriate facilities, away from exposure to the general public.

Private health care also developed during the late nineteenth and early twentieth centuries. Private hospitals were generally established, operated, and equipped by doctors or by the Catholic Church. Early examples are Providence Hospital in Mobile, St. Vincent’s Hospital in Birmingham, and St. Margaret’s Hospital in Montgomery. In addition, “health spas” grew up around the state at various springs that were supposed to have curative powers. Bladon Springs, Blount Springs, and Bailey Springs are examples of these spas, which featured a physician in attendance.

In the 1940s, the Alabama legislature provided for public hospitals to be established under public hospital associations (Code of Alabama 1975 § 22-21-50 through 22-21-57) and county hospital boards and corporations (Code of Alabama 1975 § 22-21-70 through 22-21-112). Under Alabama Act 82- 418, the Health Care Authorities Act of 1982, the legislature expanded and

elaborated on the activities permitted to the governing bodies of public hospitals and renamed them health care authorities. The act also permitted existing public hospital boards and corporations to reincorporate as health care authorities. This act was designed to provide greater financial flexibility for public hospitals by permitting the authorities, among other things, to issue bonds and invest moneys. Alabama Acts 87-745 and 90-532 supplemented the Health Care Authorities Act by further clarifying the powers of authorities. In 2003, Alabama Act 2003-49 amended the Health Care Authorities Act to allow Alabama public colleges and universities that operate a school of medicine to create health care authorities. Not all local public hospitals in Alabama chose to reincorporate as health care authorities; some remain under county or municipal jurisdiction as originally organized.

Local health care authorities in the state are owned either by a city, a county, or jointly between the two. As medical costs continue to rise, their number is decreasing. Many local health care authorities find themselves in serious financial difficulties, caused primarily by inadequate government funding and their responsibility to treat their community's uninsured and indigent patients. Local health care authorities must be licensed by the Alabama Department of Public Health and must meet the same licensure requirements as private hospitals.

Agency Organization

Local health care authority directors are appointed by the county commission or the municipal council (or by both). The minimum number of directors is three, and the Code of Alabama 1975 § 22-21-314 specifies that there must be an odd number of directors. The health care authority board makes the important financial and administrative decisions for the authority and its health care facilities. There may also be a hospital board that governs hospital policy, as well as a medical executive committee that deals directly with medical policy. The day-to-day operations of the hospital are directed by the hospital administrator, a salaried employee of the hospital. Some local health care authorities maintain physicians on staff, as well as nurses, aides, and medical technicians. All of the hospitals provide physician services primarily through a system of physician affiliation. A few of the hospitals have long-term care facilities (nursing home and/or rehabilitation facilities) on the hospital campus.

Agency Function and Subfunctions

The mandated function of local health care authorities in Alabama is to provide health care services to the citizens of the county and/or municipality. Local health care authorities primarily carry out the Public Services function of local government in Alabama. In the performance of their mandated function, the authorities may engage in the following subfunctions:

- **Making Policy and Establishing Procedures.** The local health care authority board makes overall policy regarding such things as construction and maintenance of public hospital facilities and decisions about issuing bonds and investing to finance these facilities. Some public hospitals have a hospital board, operating under the authority of the health care authority board, that makes hospital policy, which is then carried out by the hospital administrator. A medical executive committee may assist in making medical policy. Within the hospitals, there are a number of other boards and committees that

contribute to policy making in specific areas, including, for example, the medical records committee and the quality assurance committee.

- **Providing Direct Health Care Services.** This subfunction comprises the numerous activities involved in providing medical care and treatment to members of the local community. In addition to inpatient hospital care, medical services may be provided in the emergency room; in a variety of outpatient clinics; in outpatient surgery, nursing homes, and rehabilitation centers; and, in some cases, within the home of the patient.
- **Providing Diagnostic and Laboratory Services.** To provide health care services, local health care authorities must have the support of medical technicians and various types of technology to carry out tests and other diagnostic procedures. These range from simple blood tests and X-rays to sophisticated imaging procedures. Testing procedures and equipment are subject to strict state and federal regulations and quality control requirements.
- **Dispensing Medications.** Local health care authorities may maintain pharmacies to provide medications for patients while they are hospitalized. These pharmacies are regulated by the Alabama Board of Pharmacy.
- **Providing Food and Nutritional Services.** Proper nutrition is an important element of hospital care. Food and dietetic services provided in hospitals are regulated by the Alabama Department of Public Health. Some hospitals also maintain public cafeterias, which are also regulated by the ADPH.
- **Educating the Public.** Many health care authorities have outreach programs to the community. Many of these are designed to encourage wellness and disease prevention, as well as the avoidance of habits that can lead to major health problems. Such programs may have a marketing component as well, as they are also designed to achieve public recognition and good will for the hospital.
- **Administering Internal Operations.** Administering Internal Operations includes the following groups of activities:

Managing the agency: Activities include internal office management activities common to most local government agencies, such as corresponding and communicating; scheduling; meeting; documenting policy and procedures; reporting; litigating; drafting, promoting, or tracking legislation; publicizing and providing information; managing records; and managing information systems technology.

Managing finances: Activities include budgeting (preparing and reviewing a budget package, submitting the budget package to the local department of finance, documenting amendments and performance of the budget, and reporting on established budget categories); purchasing (requisitioning and purchasing supplies and equipment, accounting for expenditures, receipting and invoicing for goods, and

authorizing payment for products received); accounting for the expenditure, encumbrance, disbursement, and reconciliation of funds within the agency's budget through a uniform system of accounting and reporting; authorizing travel; contracting with companies or individuals; bidding for products and services; assisting in the audit process; investing; and issuing bonds.

Managing human resources: Activities include recruiting and hiring eligible individuals to fill vacant positions within the agency; providing compensation to employees; providing benefits that may include leave, health insurance, unemployment compensation, worker's compensation, injury compensation, retirement and death benefits; supervising employees by evaluating performance, promoting, granting leave, and monitoring the accumulation of leave; training and providing continuing education for employees; and disciplining.

Managing properties, facilities, and resources: Activities include inventorying and accounting for non-consumable property and reporting property information to the appropriate authority; constructing buildings and facilities; leasing and/or renting offices or facilities; providing security for property owned by the agency; and assigning, inspecting and maintaining agency property, including vehicles.

Records Appraisal for Local Health Care Authorities and Public Hospitals

The following is a discussion of the three major categories of records created and/or maintained by Local Health Care Authorities and Public Hospitals: Temporary Records, Permanent Records, and Records No Longer Created.

Temporary Records

Temporary records should be held for what is considered their active life and be disposed of once all fiscal, legal, and administrative requirements have been met. Some of the temporary records created by the board are discussed below:

- **Hospital Patient Medical Records.** These records include a complete, current medical history for every patient seeking care or service from a local health care authority or public hospital. Besides identifying information, they may contain all diagnoses, reports, examinations, orders, charts, treatment plans, and releases of information, as well as additional items as necessary. The American Health Information Management Association (AHIMA), the national organization of health care records management professionals, recommends 10-year retention of adult patient medical files. This period was approved for the records in 2003 and was also favored by most HCA records officers the staff recently surveyed. The Alabama Hospital Association has agreed to its restoration. Also, disposition for files of juvenile patients is changed here to “Retain a minimum of 5 years after patient reaches the age of majority,” rather than “age 21.” Alabama Act 2012-415 (now codified as Code of Alabama 1975 § 26-1-1) changed the state’s age of majority from 21 to 19.
- **Nursing and Ambulatory Patient Records.** To correct an original oversight in this schedule, disposition is also provided here for records of juvenile in-home nursing or ambulatory care patients. Disposition requirements for records of adult nursing and ambulatory care patients will follow the same 10-year retention proposed for adult patient medical files of public hospitals.

Permanent Records

The Archives Division recommends the following records as permanent:

Making Policy and Establishing Procedures

- **Final Minutes, Agendas, and Attachments of Meetings of the Governing Board.** These are the official minutes of meetings of the governing board, including minutes of the hospital board, if one existed prior to the establishment of the health care authority. They include one copy of final agendas and attachments. Meeting minutes and attachments provide the best overall documentation of the governance of a local health

care authority. Revised disposition for final minutes/agendas/attachments of subsidiary/departmental committees involved in policy development permits the records' destruction only if reports of conclusions at those meetings are summarized in the minutes of the governing board.

- **Administrative Correspondence.** Administrative correspondence for local health care authorities consists of correspondence that sets or discusses significant policy issues and is created or received by the chairman of the health care authority board, the hospital administrator, or the medical director. It may include correspondence with the county commission or municipal council. Such correspondence documents important issues faced by the local authorities and hospitals, as well as demonstrating how their decision-making processes are carried out.
- **Administrative Policies and Procedures.** This group of records consists of policies and procedures that are mandated for the local health care authority or that the board approves for hospital-wide use. As some of these are not present in the Minutes of the Board, they are a complementary group of records that document the governance of the local health care authority.
- **Planning Records.** HCA/hospital-wide operational plans and implementation reports. These records include any long-term strategic plans or short-term operational plans, such as annual quality improvement plans, approved by the local hospital or health care authority board. Like other records documenting policy development for local health care authorities, they are appraised as permanent. Providing Direct Health Care Services Documentation of this subfunction may be found in the meeting minutes of the authority's governing board.

Providing Diagnostic and Laboratory Services

- **Radiology/Nuclear Medicine Operational Records – Employee Monitoring Reports.** These records document radiation doses received by employees during the performance of job-related duties, as well as doses received during planned special exposures, accidents, and emergency conditions. They are designated permanent by the Alabama Department of Public Health (Alabama Administrative Code, 420-3-26-.03[46][f]).
- **Radioisotope Records.** These records track radioisotopes in the hospital from receipt to disposal. Because radioisotopes are extremely hazardous materials and their harmful effects may not be evident immediately, this documentation must be maintained permanently, according to Alabama Department of Public Health regulations (Alabama Administrative Code, 420-3-26).

Dispensing Medications

Documentation of this subfunction may be found in the meeting minutes of the authority's governing board and/or medical executive committee.

Providing Food and Nutritional Services

Documentation of this subfunction may be found in the meeting minutes of the authority board and/or medical executive committee.

Educating the Public

- **Educational Program Materials.** Some local health care authorities offer community service and educational programs to inform elements of the community, such as the elderly or young mothers, about preventive health care and healthy living practices. This series consists of publicity and informational materials created for major educational programs and initiatives. They provide historical evidence of the hospital's efforts to serve its community.

Administering Internal Operations: Managing the Agency

- **Local Health Care Authority Institutional History Files.** These records are maintained to document the history of the hospital and its role in the community. They may include scrapbooks, ledgers or volumes, executive speeches, or newspaper clipping files pertaining to important events or issues in the history of the hospital.
- **Annual Reports.** Some hospitals may create an annual report for the county commission/municipal council and the public, setting out important accomplishments or changes that have occurred during the past year. Such a report is useful summary documentation of the hospital's activities for a given year.
- **Publicity and Informational Materials.** These are printed materials intended to publicize the hospital's programs and procedures. In addition to providing useful information, they document the hospital's efforts to communicate with local citizens and to explain its policies and services to the community.
- **Websites.** Some local health care authorities develop websites for responding to public inquiries and publicizing information. The site may include information on health care authority services, the location of hospitals and clinics, staff names and contact information, etc. In order to provide long-term documentation, the proposed disposition calls for a complete copy of the site to be preserved at least annually, or as often as significant changes are made.

Administering Internal Operations: Managing Finances

- **Approved Annual Budgets.** The annual budget, as approved by the local HCA/hospital board, documents financial planning and is therefore a permanent record. The proposed disposition allows additional copies of the budget to be destroyed when no longer needed.

- **Annual Financial Reports.** At the end of the fiscal year, a final statement of local HCA/hospital finances may be compiled and included in board minutes. The proposed disposition again permits the destruction of additional copies.
- **Audit Reports.** Local health care authorities undergo numerous audits. The financial audit may be carried out by a private firm or by the Examiners of Public Accounts and may be reviewed by the Examiners of Public Accounts on an annual basis. The audit report is the primary documentation of the authority's financial accountability to the public.
- **General Ledgers – general ledgers and detailed year-end trial balances created prior to 1975.** The general ledger is the record of final entry for all financial transactions: collecting fees and other revenue, purchasing, investing, administering state and federal funds, and general accounting. Originally, general ledgers were manually created; now, these records and another financial summary, the detailed year-end trial balance, are often electronically created. General ledgers and trial balances created before 1975 are appraised as permanent. Post-1975 records retain the 10-year period previously approved for general ledgers and trial balances in electronic format.
- **Federal and State Grant Project Final Reports.** Final reports of grant projects document the receipt and use of these funds by the local health care authority. Often, they are the only reports documenting one-time activities of the authority.

Administering Internal Operations: Managing Human Resources

- **Employee Handbooks.** These handbooks may be created to provide guidance to new hospital employees about personnel rules and other policies and procedures. They may serve as evidence of compliance with state and federal hiring practices and may be used in personnel-related litigation.
- **Employee Newsletters.** Employee newsletters offer a narrative of hospital employment policies, employee programs and benefits, and information on individual employees. Along with employee handbooks, these records are the primary documentation of human resources management for the health care authority.

Administering Internal Operations: Managing Properties, Facilities, and Resources

- **Local Health Care Authority/Hospital Construction Project Files – As-built plans, specifications, and blueprints of buildings of significant historical interest.** These records document all activities pertaining to the planning and construction of local health care facilities. As their title indicates, the records are appraised as permanent because of their value in documenting the local health care authority or hospital's history through its buildings. Although "historical interest" is a subjective term, hospitals traditionally play an important role in the history of their communities. Making these records permanent should ensure that plans and blueprints of historically or architecturally significant

buildings are preserved. However, the disposition permits plans or blueprints of abandoned hospital buildings to be transferred to a local library or other historical repository.

Permanent Records List

Local Health Care Authorities and Public Hospitals

Making Policy and Establishing Procedures

1. Final Minutes, Agendas, and Attachments of Meetings of the Governing Board
2. Administrative Correspondence
3. Administrative Policies and Procedures
4. Planning Records

Providing Diagnostic and Laboratory Services

1. Radiology/Nuclear Medicine Operational Records - Employee Monitoring Reports
2. Radiology/Nuclear Medicine Operational Records - Radioisotope Records

Educating the Public

1. Educational Program Materials

Administering Internal Operations: Managing the Agency

1. Local Health Care Authority Institutional History Files
2. Annual Reports
3. Publicity and Informational Materials
4. Websites

Administering Internal Operations: Managing Finances

1. Approved Annual Budgets
2. Annual Financial Reports
3. Audit Reports
4. General Ledgers and Detailed Year-End Trial Balances Created Prior to 1975
5. Federal and State Grant Project Final Reports

Administering Internal Operations: Managing Human Resources

1. Employee Handbooks
2. Employee Newsletters

Administering Internal Operations: Managing Properties, Facilities, and Resources

1. Local Health Care Authority/Hospital Construction Project Files – As-built plans, specifications, and blueprints of buildings of significant historical interest

Local Health Care Authorities and Public Hospitals Records Disposition Authority

This Records Disposition Authority (RDA) is issued by the Local Government Records Commission under the authority granted by the Code of Alabama 1975 § 41-13-5 and 41-13-22 through 24. It was compiled by the Archives Division, Alabama Department of Archives and History (ADAH), which serves as the Commission's staff, in cooperation with representatives of the 911 Emergency Communications Districts. The RDA lists records created and maintained by the Agency in carrying out their mandated functions and activities. It establishes minimum retention periods and disposition instructions for those records and provides the legal authority for the Agency to implement records destruction.

Alabama law requires public officials to create and maintain records that document the business of their offices. These records must be protected from "mutilation, loss, or destruction," so that they may be transferred to an official's successor in office and may be made available to members of the public. Records also must be kept in accordance with auditing standards approved by the Examiners of Public Accounts (Code of Alabama 1975 § 36-12-2, 36-12-4, and 41-5-23). For assistance in implementing this RDA, or for advice on records disposition or other records management concerns, contact the agency records manager or ADAH Archives Division at (334) 242-4452.

Explanation of Records Requirements

The RDA shall govern the disposition of all records, regardless of format, created by the agency from creation to dissolution. Please contact the staff of the Department of Archives and History before destroying any records created prior to 1940.

This RDA supersedes any previous records disposition schedules or RDAs governing the retention of the records created by the Agency. Copies of superseded schedules are no longer valid and may not be used for records disposition.

The RDA establishes retention and disposition instructions for records listed below, regardless of the medium on which those records may be kept. Electronic mail, for example, is a communications tool that may record permanent or temporary information. As for records in any other format, the retention periods for e-mail records are governed by the requirements of the subfunctions to which the records belong.

Certain other record-like materials are not actually regarded as official records and may be disposed of under this RDA. Such materials include (1) duplicate record copies that do not require official action, so long as the creating office maintains the original record for the period required; (2) catalogs, trade journals, and other publications received that require no action and do not document agency activities; (3) stocks of blank stationery, blank forms, or other surplus materials that are not subject to audit and have become obsolete; (4) transitory records, which are temporary records created for short-term, internal purposes, may include, but are not limited to, telephone call-back messages, drafts of ordinary documents not needed for their evidential value,

copies of material sent for information purposes but not needed by the receiving office for future business, and internal communications about social activities; (5) honorary materials, plaques, awards, presentations, certificates, and gifts received or maintained by the agency staff. They may be disposed of without documentation of destruction.

Records Disposition Requirements

This section of the RDA is arranged by health care authority subfunctions and lists the groups of records that may be created and/or maintained by health care authorities in carrying out those subfunctions. A health care authority may submit requests to add or revise specific records disposition requirements to the Local Government Records Commission for consideration at its regularly scheduled meetings.

Making Policy and Establishing Procedures

1.01 Meeting Records.

a. **Final Minutes, Agendas, and Attachments of Meetings of the Governing Board.**

These are the official minutes of meetings of the governing board, including minutes of the hospital board if one existed prior to the establishment of the health care authority.

These records include one copy of the final agendas and attachments.

Disposition: PERMANENT RECORD.

b. **Minutes, agendas, and attachments of subsidiary/departmental committees.** These are the official minutes of subsidiary or specialized committees, such as the blood/tissue utilization committee, compliance committee, risk management committee, and credentialing committee, as well as of department meetings.

Disposition: Temporary Record. Retain 3 years.

Note: Minutes of any committees involved in policy development are disposable only if reports of conclusions at their meetings are summarized in or attached to the minutes of the governing board.

c. **Recordings of meetings.** Recordings of meetings may be made on tape or in electronic format, generally to assist in preparation of the minutes.

Disposition: Temporary Record. Retain until final approval of the minutes.

1.02 Board Appointment Records. These records provide official documentation of the appointment of health care authority board members.

Disposition: Temporary Record. Retain 2 years following audit.

1.03 Administrative Correspondence. Internal or external correspondence on policy-related issues may be initiated or received by, for example, the chief administrative officer. These records do not include day-to-day correspondence on routine local health care authority affairs. Disposition: PERMANENT RECORD.

1.04 Routine Correspondence. This correspondence is related to day-to-day operations of local health care authority officers.

Disposition: Temporary Record. Retain 3 years.

1.05 Local Health Care Authority Policies and Procedures.

- a. **Administrative policies and procedures.** Policies and procedures that are mandated or go to the board for approval apply to the entire hospital, rather than to a specific department or program area. These policies and procedures address broad categories, such as patient rights, organizational ethics, assessment and care patients, patient and family education, organizational ethics, assessment and care of patients, patient and family education, organizational goals and performance, HIPAA guidelines, management of the hospital environment, and human resources policies.

Disposition: PERMANENT RECORD.

- b. **Departmental/programmatic policies and procedures.** These are policies and procedures that apply specifically to a certain program (e.g., nursing or pharmacy) or that apply to technical aspects of patient care or other programmatic functions.

Disposition: Temporary Record. Retain 5 years after policy is superseded.

1.06 Planning Records. These records include any long-term strategic plans or short-term operational plans, such as annual quality improvement plans, approved by the hospital or health care authority board.

Disposition: PERMANENT RECORD.

Providing Direct Health Care Services

2.01 Hospital Patient Medical Records. These records include a complete, current medical record for every patient seeking care or service from a local health care authority or public hospital. Besides identifying information, they may contain all diagnoses, reports, examinations, orders, charts, treatment plans, and releases of information, as well as additional items as necessary.

- a. **Records of adults.**

Disposition: Temporary Record. Retain 10 years.

- b. **Records of minors.**

Disposition: Temporary Record. Retain a minimum of 5 years after patient reaches the age of majority.

2.02 Nursing and Ambulatory Patient Records.

- a. **Nursing home patient medical records.** These are medical records for patients in long-term nursing care facilities attached to the local health care authority or city/county nursing homes. These records include identifying information, diagnoses, reports, examinations, orders, charts, treatment plans, and releases of information, as well as additional items necessary.
Disposition: Temporary Record. Retain a minimum of 5 years after patient is discharged from the facility.
- b. **In-home nursing patient medical records.** These are medical records for patients cared for in their homes by nursing staff provided by the local health care authority or hospital. These records may include identifying information, diagnoses, reports, examinations, orders, charts, treatment plans, and releases of information, as well as additional items as necessary.
 - i. Records of adults.
Disposition: Temporary Record. Retain 10 years.
 - ii. Records of minors.
Disposition: Temporary Record. Retain a minimum of 5 years after patient reaches the age of majority.
- c. **Ambulatory patient medical records.** These are medical records for patients treated at rural health clinics, surgery clinics, OB/GYN clinics, or other clinics or outpatient services provided by the local health care authority or hospital. They may include identifying information, diagnoses, reports, examinations, orders, charts, treatment plans, and releases of information, as well as additional items as necessary.
 - i. Records of adults.
Disposition: Temporary Record. Retain 10 years.
 - ii. Records of minors.
Disposition: Temporary Record. Retain a minimum of 5 years after patient reaches the age of majority.

2.03 Appointment Books/Sign-In Sheets. These records are created primarily in clinics and for out-patient surgery. They indicate patient's appointment and arrival times.

Disposition: Temporary Record. Retain for useful life.

2.04 Registers and Logs.

- a. **Admissions register.** This is a chronological listing of all patients admitted to the hospital.
Disposition: Temporary Record. Retain 10 years after last entry.

- b. **Birth register.** This is a chronological listing of all births occurring at the hospital.
Disposition: Temporary Record. Retain 10 years.
- c. **Death register.** This is a listing of all deaths that occur at the hospital; it includes name, date of death, and cause of death.
Disposition: Temporary Record. Retain 10 years.
- d. **Outpatient/ambulatory patient register.** This is as chronological listing of outpatients/ambulatory patients; it includes identifying information, physician's name, and procedures performed.
Disposition: Temporary Record. Retain 10 years after last entry.
- e. **Tumor register.** This is a listing of all cases of cancers seen at the hospital.
Disposition: Temporary Record. Retain 10 years after last entry.
- f. **Central sterile log.** These are records of the results of daily checks for sterilization effectiveness.
Disposition: Temporary Record. Retain 10 years after last entry.
- g. **Delivery room register.** This is a chronological listing of names of those utilizing the devilry room and date of use.
Disposition: Temporary Record. Retain 10 years after last entry.
- h. **Emergency room log.** This is a chronological listing of patients seen in the emergency room.
Disposition: Temporary Record. Retain 10 years after last entry.
- i. **Surgical/recovery log.** This is a chronological listing of patients undergoing procedures in the operating room subsequently receiving treatment in the recovery room.
Disposition: Temporary Record. Retain 10 years after last entry.
- j. **Observation log.** This is a listing of patients kept in the hospital for observation lasting less than 24 hours.
Disposition: Temporary Record. Retain 5 years after last entry.
- k. **X-ray log.** This is a listing of patients to whom X-rays were administered.
Disposition: Temporary Record. Retain 7 years after last entry.

2.05 Indices.

- a. **Patient index.** This index contains the names of all patients seen at any hospital or clinic service; it serves as a reference guide to the patient medical files.
Disposition: Temporary Record. Retain patient information 20 years after creation or for useful life.

- b. **Physician index.** The physician's index lists each patient's name, the date and the time of service, the attending physician's name, medical records numbers, and procedures performed.
Disposition: Temporary Record. Retain 10 years.
- c. **Disease/operation/surgical index.** This index serves as a reference to diseases treated and operations performed at the hospital
Disposition: Temporary Record. Retain 10 years.
- d. **Nursing unit patient index.** This index serves as a reference to patients currently being treated in a hospital unit; it may include floor census records, which are used to track room usage and the number of beds available.
Disposition: Temporary Record. Retain for useful life.

2.06 Emergency Room "On Call" Physicians List. These records document which physicians were on call to work in the ER on any given shift.
Disposition: Temporary Record. Retain 5 years.

2.07 Staffing Sheets. These daily lists are maintained to document the names of employed clinical staff who worked shifts in various hospital units on a particular day.
Disposition: Temporary Record. Retain 5 years.

2.08 Organ Donation/Transplant Tracking System Records. This centralized records system documents the receipt and disposition of all organs and tissues donated or transplanted in the hospital; it may include organ or tissue type, donor ID number, name and license number of the organ or tissue procurement or distribution facility, recipient's name and ID number, name of doctor performing transplant, and date of procedure.
Disposition: Temporary Record. Retain 20 years.

2.09 Videotapes of Special Procedures/Surgery. Videotapes are used to document how a procedure was carried out or for educational purposes.
Disposition: Temporary Record. Retain for useful life.

2.10 Social Service Records. These records document discharge planning; referrals to nursing homes, county departments of social services, home health services, or other facilities, as well as patient tracking records.
Disposition: Temporary Record. Retain 3 years.

2.11 Statistical Reports. Medical statistical reports may be required by the health care authority and various regulatory agencies. Usually, they are prepared monthly and document admissions, patient demographic information, types of illnesses treated, and surgeries performed. This series does not include the health care authority's annual report.
Disposition: Temporary Record. Retain 5 years.

2.12 Infection Control Records. These records document the hospital's infection control program. They include investigation reports, procedures testing and evaluation, surveillance records and logs, and reports of employee exposure.
Disposition: Temporary Record. Retain 10 years.

Providing Diagnostic and Laboratory Services

3.01 Cytology Slides. These slides are prepared for the analysis of blood fluid samples, as governed by the Clinical Laboratory Improvement Act of 1988, 42 CFR 493.1257.
Disposition: Temporary Record. Retain 5 years.

3.02 Histopathology Records. These records are related to the analysis of bodily tissues, as governed by the Clinical Laboratory Improvement Act of 1988, 42 CFR 493.1259.

- a. **Specimen blocks.** These are paraffin blocks in which specimens and samples are preserved.
Disposition: Temporary Record. Retain 2 years.
- b. **Stained slides.** These slides are created from tissue samples.
Disposition: Temporary Record. Retain 10 years.

3.03 Immunohematology Records. These records document each step in the processing, testing, and reporting of patient specimens to assure the accuracy of the testing. They are governed by the Clinical Laboratory Improvement Act of 1988, 42 CFR 493.1107 and 1109.
Disposition: Temporary Record. Retain 5 years.

3.04 Pathology Reports. These records concern the pathology of samples analyzed by the laboratory as a result of surgeries; they are governed by the Clinical Laboratory Improvement Act of 1988, 42 CFR 498.1259.
Disposition: Temporary Record. Retain 10 years.

3.05 Proficiency Testing Records. These records document the handling, preparation, processing, examination, and each step in the testing and reporting of results for all proficiency testing samples. They include signed Attestation Statements and recommendations to improve performance. The records are governed by the Clinical Laboratory Improvement Act of 1988 42 CFR 493.801 and .823.
Disposition: Temporary Record. Retain 2 years.

3.06 Quality Control Records.

- a. **Laboratory.** These records include signed Attestation Statements. They are governed by the Clinical Laboratory Improvement Act of 1988, 42 CFR 493.1107.
Disposition: Temporary Record. Retain 2 years.

b. **Immunohematology.**

Disposition: Temporary Record. Retain 5 years.

c. **Mammography.**

Disposition: Temporary Record. Retain 1 year.

3.07 Test Records. These records may include records of patient tests, instrument printouts, test reports, test requisitions, and test authorizations. They are governed by the Clinical Laboratory Improvement Act of 1988, 42 CFR. 493.1107 and .1109.

Disposition: Temporary Record. Retain 2 years.

3.08 Blood Bank Records. These records document such information as dates of donation; patient typing; reactions; blood product storage, distribution, and inspection; errors and accidents; and final disposition reports.

Disposition: Temporary Record. Retain 5 years.

3.09 X-Ray Films, Scans, and Other Images. These records include all images produced by diagnostic procedures.

Disposition: Temporary Record. Retain 5 years.

3.10 Radiology/Nuclear Medicine Operational Records.

a. **Employee monitoring reports.** These records document the testing of employees' radiation levels. They are governed by federal and state laws and regulations.

Disposition: PERMANENT RECORD.

b. **Instrument and equipment records.** These records include calibrations and records of maintenance.

Disposition: Temporary Record. Retain 5 years.

c. **Radiation and contamination records.** These records include any reports of contamination, as well as records documenting inspection by state and federal agencies, audit reports, and reports of error correction. They are governed by federal and state laws and regulations.

Disposition: Temporary Record. Retain 5 years.

d. **Radioisotope records.** These records may include evidence of the receipt, transfer, use storage, delivery, and disposal of radioisotopes, as well as over-exposure reports. They are governed by federal and state laws and regulations.

Disposition: PERMANENT RECORD.

3.11 Electronic Monitoring/Tracking Strips/Videotapes. These are records of capnography, EEG, EKG, fetal monitoring, pulse oximetry, stress tests, and treadmill tests.

a. **When strips/videotapes are not a part of medical record.**

Disposition: Temporary Record. Retain for useful life.

b. **When strips/videotapes are a part of medical record.**

Disposition: Temporary Record. Retain for useful life of the medical record.

Dispensing Medications

4.01 Inventories and Order Forms. These records include inventories of both controlled and non-controlled substances, as well as drugs destroyed or disposed of. They are governed by 21 CFR 1304.04 and 1305.13.

Disposition: Temporary Record. Retain 2 years.

4.02 Narcotics Records. These records document tracking of distribution of controlled substances, as governed by 21 CFR 1304.03.

Disposition: Temporary Record. Retain 2 years.

4.03 Prescriptions. These records are written prescriptions filled at the hospital pharmacy.

Disposition: Temporary Record. Retain 2 years from date of last refill.

4.04 Pharmacy Patient Records. These records document all patients served by the hospital pharmacy. They include identifying information; new and refilled prescriptions; and information about allergies, drug reactions, and chronic conditions.

Disposition: Temporary Record. Retain 2 years after last entry.

4.05 Adverse Drug Reaction Reports. These reports to the Food and Drug Administration describe adverse reactions to drug dispensed by the pharmacy.

Disposition: Temporary Record. Retain 3 years.

Providing Food and Nutritional Services

5.01 Food Service Sanitation and Inspection Records. These records document inspections by the county health department or other regulatory agencies, as well as records of environmental monitoring of food preparation and storage areas and records of insect/rodent prevention and treatment.

Disposition: Temporary Record. Retain 5 years.

5.02 Dietary Recipe Records. Recipes are used in the preparation of patient meals; the records may include nutritional analysis, ingredients, and serving size.

Disposition: Temporary Record. Retain for useful life.

5.03 Menus. These are lists of food choices served by the health care authority to patients on a particular day, as governed by 42 CFR 483.480.

Disposition: Temporary Record. Retain for useful life.

5.04 Food Service Operational Files. These records document routine food service operations based on U.S. Department of Agriculture requirements. They may include reconciliation reports, patients served counts, commodity inventories, meal production records, and customer surveys.

Disposition: Temporary Record. Retain 2 years following audit.

Educating the Public

6.01 Educational Program Records: Community-Based.

- a. **Educational program operational records.** These records document the routine operation of educational programs; they may include participant rosters, fees, correspondence, and evaluations.
Disposition: Temporary Record. Retain 5 years.
- b. **Educational program materials.** These records document the program's goals, overall description, and publicity.
 - i. Materials documenting major programs and initiatives.
Disposition: PERMANENT RECORD.
 - ii. Other materials.
Disposition: Temporary Record. Retain for useful life.

Administering Internal Operations: Managing the Agency

7.01 Local Health Care Authority Institutional History Files. These records may include scrapbooks, newspapers, newsletters, brochures and other publications, anniversary books, or other volumes compiling historical information about the local health care authority or hospital.
Disposition: PERMANENT RECORD.

Note: These records may be transferred to a local library or historical repository under a local government records deposit agreement.

7.02 Annual Reports. These are yearly summaries of the local health care authority's activities and financial status, as required by the county commission, municipal government, or accrediting agency.
Disposition: PERMANENT RECORD.

7.03 Administrative Reference Files. These materials are not created by the local health care authority; they are collected and used only as reference sources of information.
Disposition: Temporary Record. Retain for useful life.

7.04 Accreditation Records. These records document the local health care authority's accreditation and approval to provide health care services to the public. They include all licenses and permits required by the state or federal government.
Disposition: Temporary Record. Retain 3 years after accreditation, license, or permit is renewed, superseded, or terminated.

7.05 Publicity and Informational Materials. These records may include news releases, newsletters, brochures, periodicals, photographs, videotapes, audiotapes, speeches, and public service announcements.

- a. **Materials documenting major programs and community initiatives.**

Disposition: PERMANENT RECORD.

- b. **Subsidiary materials.**

Disposition: Temporary Record. Retain for useful life.

7.06 Risk Management Records. Risk management program files include records of employees' continuing safety education and training, incident and accident reports, and reports of patient grievances.

Disposition: Temporary Record. Retain 3 years.

7.07 Legal Case Files. These records document civil law suits filed by or against the local health care authority or hospital and hearings conducted by the health care authority or hospital board.

Disposition: Temporary Record. Retain 6 years after the case is closed.

7.08 Records Management Documentation.

- a. **Records documenting the implementation of the local health care authority's RDA.**

These records include records management plans, records inventories, finding aids, internal logs of records destroyed, and copies of annual reports to the Local Government Records Commission.

Disposition: Temporary Record. Retain 2 years following audit.

- b. **Copy of approved RDA.** The RDA provides legal guidelines for the disposition of all health care authority records. Each local health care authority should maintain a signed copy of the RDA.

Disposition: Temporary Record. Retain 2 years following the audit period in which the RDA was superseded.

- c. **Medical records external checkout system records.** These records document the checking out and return of patient medical records, as well as requests for copies and release of information forms. This disposition also applies to the medical records tracking system required by HIPAA regulations.

Disposition: Temporary Record. Retain 6 years after the end of the fiscal year in which the records were created.

- d. **Local records deposit agreement.** This is a formal agreement that may be executed by a local health care authority so that a local records repository (library, archives, or historical society) may maintain its long-term records. The agreement should include an inventory of records at the repository. A copy should be filed with the Local Government Records Commission.

Disposition: Temporary Record. Retain 10 years after termination of the agreement.

7.09 Computer Systems Documentation. These files include hardware and software manuals and diskettes, metadata, and warranties.

Disposition: Temporary Record. Retain former system documentation 2 years after the audit period in which the former hardware and software no longer exists anywhere in the agency and all permanent records have been migrated to the new system.

7.10 Websites. Local health care authorities may develop websites for responding to public inquiries and publicizing information on services, the location of hospitals and clinics, staff names and contact information, and other information of interest to the public.

Disposition: PERMANENT RECORD. Preserve a complete copy of the website annually, or as often as significant changes are made.

7.11 Mailing List. These records include various lists of names and addresses used by the health care authority.

Disposition: Temporary Record. Retain for useful life.

7.12 Mail, Telephone, and Fax Machine Contact Logs. These are lists of mail, telephone, and fax machine contacts and related data.

Disposition: Temporary Record. Retain for useful life.

7.13 Calendars. These are desk calendars and other scheduling devices for health care authority executive staff.

Disposition: Temporary Record. Retain 1 year.

Administering Internal Operations: Managing Finances

8.01 Budgeting Records. These records document the preparation of a budget request package and reporting the status of funds, requesting amendments of allotments, and reporting program performance.

- a. **Departmental budget estimates and requests.** These records contain information submitted by hospital departments during budget preparation.

Disposition: Temporary Record. Retain until final budget is approved.

- b. **Approved annual budgets.** These records are the final budgets approved by the local health care authority board.

Disposition: PERMANENT RECORD. If a copy of budget is included with board minutes, retain other copies for useful life.

- c. **Records documenting budget performance during the budget cycle (budgeted and actual revenue reports, investment reports, expenditure reports, encumbrance reports, etc.).**

Disposition: Temporary Record. Retain until next final budget is approved.

- d. **Annual financial reports.** This is a summary statement of HCA/hospital finances at the end of a fiscal year.
Disposition: PERMANENT RECORD. If copy of report is included with board minutes, retain other copies for useful life.

8.02 Audit Reports. These records include both independent audits and Examiners of Public Accounts' audits of local health care authorities.
Disposition: PERMANENT RECORD.

8.03 Accounting Records.

- a. **Records of original entry.** These records include journals; registers; subsidiary ledgers; and records of deposits of funds including canceled checks, check stubs, deposit slips and other banking records, and receipt books.
Disposition: Temporary Record. Retain 2 years following audit.

Note: Disposition for grant-related accounting records is provided under RDA item 8.10b.

- b. **General ledgers and detailed year-end trial balance.** These are records of final entry for all financial transactions; annual financial summaries that may be in the form of manually-generated, bound ledgers or computer print-outs of year-end trial balances.
 - i. Records created prior to 1975.
Disposition: PERMANENT RECORD.
 - ii. Records created in or after 1975.
Disposition: Temporary Record. Retain 10 years after the end of the fiscal year in which the record was created.

8.04 Purchasing Records. These records document the requisitioning and purchasing of supplies and equipment, receipting and invoicing for goods and services, and authorizing payment for products. Records in this series may include, but are not limited to, purchase orders, quotes, invoices, purchasing card receipts, and receiving reports.
Disposition: Temporary Record. Retain 2 years following audit.

Note: Disposition for grant-related purchasing records is provided under RDA item 8.10b.

8.05 Contracts. These records document contracts for services or personal property.
Disposition: Temporary Record. Retain 6 years after termination.

8.06 Records of Formal Bids. These records document the bid process for public hospitals that are not exempt from the bid process to obtain products and services. Hospitals organized under local health care authorities are exempt from the bid process.
Disposition: Temporary Record. Retain 7 years after the date bids were opened.

8.07 Vendor Verifications of Employees' Legal Immigration Status. These records consist of affidavits and documentation establishing that a business entity or employer awarding a contract or grant is enrolled in the E-Verify Program, as required by the Code of Alabama 1975 § 31-13-9 (b).

Disposition: Temporary Record. Retain 3 years after last contract with vendor.

8.08 Investment Records. Records documenting the local health care authority's investment activities, as allowed under the Code of Alabama 1975 § 22-21-318.

Disposition: Temporary Record. Retain 2 years following audit.

8.09 Insurance Records. These records document insurance claims and payments for services; they include Medicaid and Medicare claims.

Disposition: Temporary Record. Retain 2 years following audit.

8.10 Federal and State Grant Project Files. These records document the local health care authority's application for and conduct of grant projects funded by local, state, federal, or private sources. Disposition is as follows:

- a. **Financial reports, interim narrative reports, and correspondence.** These records include financial reports, interim narrative reports, background materials, and other non-financial supporting documentation for grants awarded. Also included are records relating to unsuccessful grant applications.

Disposition: Temporary Record. Retain 6 years after submission of final financial report or denial of application.

- b. **Subsidiary financial records.** These records include accounting or purchasing records and any other subsidiary financial documentation of federal grants, excluding federal financial reports (see federal Rule 1354).

Disposition: Temporary Record. Retain 3 years after submission of final financial report.

- c. **Final Reports.** Final narrative summaries are submitted according to the requirements of the funding agency.

Disposition: PERMANENT RECORD.

8.11 Travel Records. These records document requests for authorization from supervisors to travel on official business, as well as related materials; such as travel reimbursement forms and itineraries.

Disposition: Temporary Record. Retain 2 years following audit.

8.12 Employer Tax Returns and Related Files. These records include, but are not limited to, employer state tax returns, federal tax returns, local tax returns, unemployment quarterly reports, and Federal Forms 1099. These records do not pertain to individual employees but instead describe the local government agency as a whole.

Disposition: Temporary Record. Retain 2 years following audit.

Administering Internal Operations: Managing Human Resources

9.01 Employee Handbooks. Handbooks may be created by local health care authorities to explain internal operations and procedures to new employees.

Disposition: PERMANENT RECORD.

Note: Retention requirement applies to file copy only. Other copies may be retained for useful life.

9.02 Employee Newsletters. Internal newsletters may be created by local health care authorities to communicate news and important events to employees.

Disposition: PERMANENT RECORD.

Note: Retention requirement applies to file copy only. Other copies may be retained for useful life.

9.03 Requests for Professional/Support Staff Positions. These records document requests for personnel submitted by individual offices and subsequent reviewing and/or approval actions taken by the local health care authority.

Disposition: Temporary Record. Retain 3 years.

9.04 Job Recruitment Materials. These records document efforts by local health care authorities to advertise positions and attract qualified personnel.

Disposition: Temporary Record. Retain 2 years after the position is filled.

9.05 Job Classification Materials. These records document job requirements, duties, and salary ranges for local health care authority positions.

Disposition: Temporary Record. Retain 4 years after position is reclassified.

9.06 Credentialing Records. These records document the process of credentialing, licensing, and competency testing of medical staff and allied health professionals.

- a. **Employment registers.** These records list individuals declared qualified for specified positions. They include the job classification, names of eligible applicants, and their ranking on the lists.

Disposition: Temporary Record. Retain 1 year after superseded.

- b. **Medical staff credentials files.** These records document the credentials and licenses of medical staff and allied health professionals, such as physician's assistants, nurse practitioners, and psychologists.

Disposition: Temporary Record. Retain 10 years after separation of the individual from the health care authority.

9.07 Employment Application Files. These records document applications for employment.

- a. **Successful applications.**
Disposition: Temporary Record. Retain in employee personnel file.
- b. **Unsuccessful applications (received in response to specific job announcements).**
Disposition: Temporary Record. Retain 3 years.
- c. **Supplemental data forms.** Information on these forms includes the job applicant's name, Social Security number, and date of birth, race, gender, and recruitment source. The form may be separated and filed separately from other information on the employment application.
Disposition: Temporary Record. Retain 6 years after employment separation or 3 years after an unsuccessful application.
- d. **I-9 Forms.** These federal forms are used to verify that person seeking employment are used to verify that persons seeking employment are eligible to work in the United States. Disposition of the employing agency's copy is provided by 8 CFR 274a.2.
Disposition: Temporary Record. Retain 3 years after employment or 1 year after termination, whichever is longer.

9.08 Equal Opportunity Employment Commission Files. These records document the local authority or hospital's compliance with regulations of the EEOC; includes EEOC Forms 168A and 168B.

Disposition: Temporary Record. Retain 3 years.

Note: "Whenever a charge of discrimination has been filed, or an action brought by the Attorney General [retain] until final disposition of the charge or action" (29 CFR 1602.20).

9.09 Records of Health Care Employees.

- a. **Employee personnel files.** These records document an employee's work history with the local health care authority or hospital. They are generally maintained as case files and may include records of continuing education, performance evaluations, disciplinary actions, and background checks.
Disposition: Temporary Record. Retain 6 years after separation of employee.
- b. **Employee medical records.** These records document the health care facility's medical evaluations and treatment of its employees. They may contain diagnoses, reports, examinations, orders, charts, treatment plans, and releases of information, as well as other items. Disposition is mandated by CFR 1010.1020(14)(d)(i).
Disposition: Temporary Record. Retain 30 years after separation of employee.

Note: Under the CFR, health insurance claims records and records of non-physician, first-aid treatment of minor employee injuries “need not be retained for any specified period” if they are maintained separately from employee medical records. Medical records of employees who have worked for a health care facility for less than one year need not be kept beyond employment if returned to the employee upon termination.

- c. **Employee exposure records.** These records document health care employees’ exposure to infectious disease, as well as routine tests (such as TB skin tests) that may be performed before or during employment.
Disposition: Temporary Record. Retain at least 30 years.

Note: CFR 1910.1020(14)(d)(ii), which mandates this requirement, contains several exceptions. See sections (A) through (C).

- d. **Analyses using employee medical or exposure records.** Disposition of the records is mandated by CFR 1910.1020(14)(d)(iii).
Disposition: Temporary Record. Retain at least 30 years.

9.10 Work Schedule Records. These records document employees’ daily and weekly work schedules; they include medical staff scheduling records.
Disposition: Temporary Record. Retain 2 years following audit.

9.11 Leave and Attendance Records.

- a. **Individual employee leave and attendance records.** These records document employees’ hours worked, leave earned, and leave taken. They include time sheets and cards.
Disposition: Temporary Record. Retain 2 years following audit.
- b. **Employee cumulative leave/attendance records.** These records document the final leave status (cumulative leave) of individual employees.
Disposition: Temporary Record. Retain 6 years after separation of employee.
- c. **Records documenting sick leave donations.** These records document the donation of sick leave to colleagues by local HCA or hospital employees.
Disposition: Temporary Record. Retain 2 years following audit.

9.12 Payroll Records.

- a. **Salary and wage records.** These records include pre-payroll reports, monthly payroll check registers, monthly pay roll check registers, monthly fund distribution reports, and payroll action forms.
Disposition: Temporary Record. Retain 2 years following audit.

- b. **Payroll deduction authorizations.** These records (including W-4 forms) document an individual employee's authorization to withhold taxes, retirement and insurance contributions, and other deductions from the employee's pay.
Disposition: Temporary Record. Retain 6 years after separation of employee.
- c. **Payroll deduction records.** These records document taxes (including W-2 Forms), retirement contributions, and all other deductions withheld from the pay of individual employees.
Disposition: Temporary Record. Retain 2 years following audit.
- d. **Retirement contribution reports.** These records document the amount of retirement contributions deducted from salaries of health care authority staff.
Disposition: Temporary Record. Retain 6 years after separation of employee, or as stipulated by the appropriate retirement system.
- e. **Annual payroll earnings reports.** These records are summaries of employees' payroll earnings for a fiscal year, including all deductions.
Disposition: Temporary Record. Retain 50 years after end of tax year in which the records were created.

9.13 Employee "Cafeteria Plan" (Flexible Benefits) Records. These records document salary reduction-type plans authorized by the Internal Revenue Service Code, Section 125.

- a. **Records outlining general information about the plan.**
Disposition: Temporary Record. Retain until superseded.
- b. **Employee applications, correspondence, enrollment cards and files.**
Disposition: Temporary Record. Retain 6 years after termination of participation in plan.

9.14 Employee Insurance Program Enrollment and Claims Files. These files document enrollment of employees in the authority or hospital's health/life insurance programs.

- a. **General information on the program.**
Disposition: Temporary Record. Retain until superseded.
- b. **Employee applications, correspondence, and enrollment cards.**
Disposition: Temporary Record. Retain 4 years after program termination or employee separation.
- c. **Employee claims.**
Disposition: Temporary Record. Retain 2 years after the audit period in which the claim was filed.

9.15 Unemployment Compensation Records. These records document employee claims for unemployment compensation.

Disposition: Temporary Record. Retain 2 years following the audit period in which the transaction occurred.

9.16 Worker's Compensation Records. These records document claims and payments to employees for on-the-job injuries or job-related disabilities covered under the law.

Disposition: Temporary Record. Retain 12 years after the end of the fiscal year in which the transaction occurred (Code of Alabama 1975 § 25-5-4).

9.17 "Drug-Free Workplace" Records. These records document the local HCA or hospital's substance abuse policies and programs, as well as drug and alcohol testing of its employees.

Retention periods are as follows:

a. **Drug/alcohol abuse policy and procedures documentation.**

Disposition: Temporary Record. Retain 4 years after policy is superseded.

b. **Positive employee drug or alcohol test results, documentation of employee refusals to take test, documentation of employee referrals and treatment in substance abuse programs.**

Disposition: Temporary Record. Retain 5 years.

c. **Records related to the collection process and employee training.**

Disposition: Temporary Record. Retain 2 years.

d. **Negative employee drug or alcohol test results.**

Disposition: Temporary Record. Retain 1 year.

9.18 Training Records. These records document the provision of in-service training and professional development for staff. They include workshop records and evaluations.

Disposition: Temporary Record. Retain 3 years.

9.19 Quality Assurance/Peer Review Files. Records of medical and allied health professional staff that are used by the hospital for quality control and/or performance review.

Disposition: Temporary Record. Retain 5 years.

9.20 Affordable Care Act Compliance Files. These records encompass the documentation submitted to the federal government to demonstrate compliance with the Affordable Care Act.

Disposition: Temporary Record. Retain 3 years after submission.

Administering Internal Operations: Managing Properties, Facilities, and Resources

10.01 Local Health Care Authority/Hospital Construction Project Files. These records document all activities pertaining to the planning and construction of health care facilities.

- a. **As-built plans, specifications, and blueprints of buildings of significant historical interest.**
Disposition: PERMANENT RECORD. Retain in office for life of building. The records may then be transferred to a local library or other historical repository under a local government records deposit agreement.
- b. **All other records** (final financial records; plans, specifications, and blueprints for buildings lacking significant historical interest)
Disposition: Temporary Record. Retain for life of the facility.

10.02 Annual Inventory Records. These records document all personal property, equipment, or capital outlay on an annual basis.
Disposition: Temporary Record. Retain 2 years following audit.

10.03 Real Property Ownership Records. These records include deeds and supporting documentation for real property owned by the authority. Copies of deeds are held permanently by the county probate office.
Disposition: Temporary Record. Retain until property is sold.

10.04 Real Property Leasing/Rental Records. These records document the leasing or renting of land, buildings, or facilities by the local health care authority or hospital.
Disposition: Temporary Record. Retain 10 years after the end of the fiscal year in which the lease or rental agreement was terminated.

10.05 Insurance Policies and Claims.

- a. **Insurance policies.** These policies document all insurance policies carried by the agency.
Disposition: Temporary Record. Retain 10 years after the end of the fiscal year in which the policy was terminated.
- b. **Insurance claims.** These records document insurance claims filed by the local government agency.
Disposition: Temporary Record. Retain 2 years after the audit period in which the claim was settled.
- c. **Certificates of liability.** These records provide proof of insurance. Certificates are typically valid for a period of one year or less.
Disposition: Temporary Record. Retain until superseded.

10.06 Depreciation Schedules. These records document the expected depreciation, and consequent decline in value, of the authority or hospital's fixed assets over time.
Disposition: Temporary Record. Retain 2 years following audit.

10.07 Receipts of Responsibility for Property. These records document local health care authority or hospital property temporarily in the use or possession of employees, as well as patient property lists and receipts for valuables.
Disposition: Temporary Record. Retain 2 years after return of items.

10.08 Facilities/Buildings Security Records. These records document the authority or hospital's efforts to provide security in its facilities. They may include visitor's logs or sign-in sheets, alarm system logs, recordings of security monitoring or response, and any other records documenting security staff's response to alarms or emergencies.

- a. **Security monitoring or response recordings, alarm system and warning siren logs.**
Disposition: Temporary Record. Retain until tape is routinely recycled or until final disposition/resolution of any criminal cases, litigation, or other incidents for which recordings provide evidence.
- b. **Other records listed above.**
Disposition: Temporary Record. Retain 3 years.

10.09 Facilities/Buildings Safety Plans and Training Files.

- a. **Safety plans.** These records document the manner in which agency staff are directed to respond in emergencies. Examples of safety plans include, but are not limited to, fire evacuation protocols, severe weather plans, and active shooter protocols.
Disposition: Temporary Record. Retain until superseded.
- b. **Training files.** These records document the training and practice undertaken by staff to implement safety plans. Examples of training and practice include, but are not limited to, fire drills, tornado drills, and bomb threat drills.
Disposition: Temporary Record. Retain 3 years.

10.10 Facilities/Buildings Inspection Files and Reports. These records document routine safety and maintenance inspections of local HCA/hospital facilities to comply with standards, rules, and codes affecting the health and safety of the occupants. They include fire and tornado drill reports, security inspections, and safety inspections.
Disposition: Temporary Record. Retain 5 years.

10.11 Building Maintenance Work Orders. These records document routine maintenance on health care authority facilities and property.
Disposition: Temporary Record. Retain 1 year.

10.12 Waste Disposal Records. These records document the operation of any on-site incinerator, as well as disposal of biomedical or radioactive waste.
Disposition: Temporary Record. Retain 3 years.

10.13 Vehicle and Equipment and Maintenance Ownership Files. These records document the ownership and maintenance of all vehicles and other equipment owned or maintained by the authority or hospital.

- a. **Ownership records (titles, bills of sale, and correspondence).**
Disposition: Temporary Record. Retain 2 years following the audit period in which equipment or vehicle is removed from inventory.
- b. **Maintenance records (inspection records, repair records, related financial records).**
Disposition: Temporary Record. Retain 2 years following audit.

10.14 Motor Pool Use Records. These records document the use of vehicles in the authority/hospital motor pool by employees.
Disposition: Temporary Record. Retain 2 years following audit.

Requirement and Recommendations for Implementing the Records Disposition Authority (RDA)

Requirement

Under the Code of Alabama 1975 § 41-13-23, “no county, municipal, or other local government official, shall cause any. . . record to be destroyed or otherwise disposed of without first obtaining the approval of the local government records commission.” This RDA constitutes authorization by the Local Government Records Commission to dispose of records as stipulated, with the condition that the responsible official must submit a Local Government Records Destruction Notice to the ADAH Government Records Division to document the destruction. The ADAH, which serves as the commission’s staff, retains local records destruction documentation as a permanent record.

Recommendations

In addition, the Agency should make every effort to establish and maintain a quality record-keeping program by conducting the following activities:

The Agency should designate a staff member in a managerial position as its records liaison/records manager, who is responsible for: ensuring the development of quality record keeping systems that meet the business and legal needs of the agency, coordinating the transfer and destruction of records, ensuring that permanent records held on alternative storage media (such as microforms and digital imaging systems) are maintained in compliance with national and state standards, and ensuring the regular implementation of the agency’s approved RDA.

Permanent records in the Agency’s custody should be maintained under proper intellectual control and in an environment that will ensure their physical order and preservation.

Destruction of temporary records, as authorized in this RDA, should occur agency-wide on a regular basis—for example, after the successful completion of an audit, at the end of an administration, or at the end of a fiscal year. Despite the RDA’s provisions, no record should be destroyed that is necessary to comply with requirements of the Open Meetings Act, audit requirements, or any legal notice or subpoena.

The agency should maintain full documentation of any computerized record-keeping system it employs. It should develop procedures for: (1) backing up all permanent records held in electronic format; (2) storing a back-up copy off-site; and (3) migrating all permanent records when the system is upgraded or replaced. If the agency chooses to maintain permanent records solely in electronic format, it is committed to funding any system upgrades and migration strategies necessary to ensure the records’ permanent preservation and accessibility.

Electronic mail contains permanent, temporary, or transitory record information. Although e-mail records can be printed out, filed, and retained according to the RDA’s requirements, the office should preferably employ an electronic records management system capable of sorting e-

mail into folders and archiving messages having long-term value.

The staff of the Local Government Records Commission or the Examiners of Public Accounts may examine the condition of the permanent records maintained in the custody of the Agency and inspect records destruction documentation. Agency records managers and/or the ADAH archivists are available to instruct the staff in RDA implementation and otherwise assist the Agency in implementing its records management program.

The Local Government Records Commission adopted this revised Records Disposition Authority on October 28, 2020.

Steve Murray, Chairman
Local Government Records Commission

Date

By signing below, the agency acknowledges receipt of the retention periods and requirements established by the records disposition authority.

Director/Administrator
Health Care Authority/Public Hospital

Date

Index of Records Series

Accounting Records, 25
Accreditation Records, 22
Administrative Correspondence, 14
Administrative Reference Files, 22
Adverse Drug Reaction Reports, 21
Affordable Care Act Compliance Files, 31
Annual Inventory Records, 32
Annual Reports, 22
Appointment Books/Sign-In Sheets, 16
Audit Reports, 25
Blood Bank Records, 20
Board Appointment Records, 14
Budgeting Records, 24
Building Maintenance Work Orders, 33
Calendars, 24
Computer Systems Documentation, 24
Contracts, 25
Credentialing Records, 27
Cytology Slides, 19
Depreciation Schedules, 33
Dietary Recipe Records, 21
Drug-Free Workplace Records, 31
Educational Program Records: Community-Based, 22
Electronic Monitoring/Tracking Strips/Videotapes, 20
Emergency Room "On Call" Physicians List, 18
Employee "Cafeteria Plan" (Flexible Benefits) Records, 30
Employee Handbooks, 27
Employee Insurance Program Enrollment and Claims Files, 30
Employee Newsletters, 27
Employer Tax Returns and Related Files, 26
Employment Application Files, 28
Equal Opportunity Employment Commission Files, 28
Facilities/Buildings Inspection Files and Reports, 33
Facilities/Buildings Safety Plans and Training Files, 33
Facilities/Buildings Security Records, 33
Federal and State Grant Project Files, 26
Food Service Operational Files, 21
Food Service Sanitation and Inspection Records, 21
Histopathology Records, 19
Hospital Patient Medical Records, 15
Immunohematology Records, 19
Indices, 17
Infection Control Records, 19
Insurance Policies and Claims, 32
Insurance Records, 26
Inventories and Order Forms, 21
Investment Records, 26
Job Classification Materials, 27
Job Recruitment Materials, 27
Leave and Attendance Records, 29
Legal Case Files, 23
Local Health Care Authority Institutional History Files, 22
Local Health Care Authority Policies and Procedures, 15
Local Health Care Authority/Hospital Construction Project Files, 32
Mail, Telephone, and Fax Machine Contact Logs, 24
Mailing List, 24
Meeting Records, 14
Menus, 21
Motor Pool Use Records, 34
Narcotics Records, 21
Nursing and Ambulatory Patient Records, 16
Organ Donation/Transplant Tracking System Records, 18
Pathology Reports, 19
Payroll Records, 29
Pharmacy Patient Records, 21
Planning Records, 15
Prescriptions, 21
Proficiency Testing Records, 19
Publicity and Informational Materials, 23
Purchasing Records, 25
Quality Assurance/Peer Review Files, 31

Quality Control Records, 19	Statistical Reports, 18
Radiology/Nuclear Medicine Operational Records, 20	Test Records, 20
Real Property Leasing/Rental Records, 32	Training Records, 31
Real Property Ownership Records, 32	Travel Records, 26
Receipts of Responsibility for Property, 33	Unemployment Compensation Records, 31
Records Management Documentation, 23	Vehicle and Equipment and Maintenance Ownership Files, 34
Records of Formal Bids, 25	Vendor Verifications of Employees' Legal Immigration Status, 26
Records of Health Care Employees, 28	Videotapes of Special Procedures/Surgery, 18
Registers and Logs, 16	Waste Disposal Records, 34
Requests for Professional/Support Staff Positions, 27	Websites, 24
Risk Management Records, 23	Work Schedule Records, 29
Routine Correspondence, 15	Worker's Compensation Records, 31
Social Service Records, 18	X-Ray Films, Scans, and Other Images, 20
Staffing Sheets, 18	